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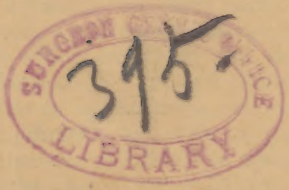

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NOTES ON THE USE OF MEDICATED RUBBER PLASTERS IN CERTAIN CUTANEOUS DISEASES.[1]

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DURING the past few years the subject of fixed dressings in the treatment of skin diseases has received considerable attention, and as a result, important therapeutic advances have been made. To-day the gelatin, collodion, gutta-percha solution, and similar dressings are widely employed and in some instances seem indispensable. Unna's plasters belong among this class of applications, and are excellently made and efficient, but unfortunately are in this country expensive and difficult to obtain.

About a year ago the idea of incorporating medicaments in the well-known rubber plaster suggested itself, and at my solicitation, the manufacturers, Seabury & Johnson,[2] kindly made a number of plasters —containing pyrogallic acid, salicylic acid, chrysarobin, ammoniated mercury, and oxide of zinc. They were remarkably adhesive, and when once applied would remain several days or even weeks. At the time the plasters were sent me, duplicates were

[1] Read at the eleventh annual meeting of the American Dermatological Association, September 1, 1887.

[2] These plasters are equally well made by Johnson & Johnson; their samples sent me, I have since used with good results.

forwarded, so I have been informed, to several other gentlemen interested in dermatological practice, of whom one or two have already reported on their use. While these plasters are an addition to our means of treating special cases, it must be admitted that as at present manufactured their use is somewhat limited. They are not adapted for acute and subacute cases. In this respect they are inferior to Unna's plasters referred to. The manufacturers show every disposition to perfect them, and doubtless in a short time these plasters will be found all that is desired. Their special field, according to my experience, is chiefly in the treatment of chronic, sluggish cases of eczema, in the larger patches of psoriasis, in ringworm of the scalp, in callosities, and in lupus and epithelioma. In these diseases, so far as my observations have gone, the sample plasters sent me have been of positive value.

In several cases of chronic papular and scaly eczema, in which the disease was limited to one or two palm-sized patches, a plaster containing twenty per cent. of ammoniated mercury was employed; the results were satisfactory. A single plaster would remain on for one or two weeks without loosening, a renewal being made about every ten days. The parts became gradually paler and the infiltration disappeared.

In psoriasis, in the large thickened chronic patches, chrysarobin plaster acts admirably. The scales are first removed by washing, the plaster cut to fit the patches and applied. As a rule, it remains adherent a week, and should then be removed, the parts washed and a fresh plaster applied. In the several cases of this disease in which it was employed, the objectionable properties of the remedy as ordinarily used, were not observed. In a few instances

a single application of the plaster was sufficient to promote the disappearance of the diseased area, but in others a second and even third application became necessary. In those cases in which the disease is more or less general, and the spots small, the plaster treatment is not practicable; but in those instances where the disease persists in several large, inveterate patches it proves particularly useful. Chrysarobin plaster is serviceable, also, in ringworm. In three cases of ringworm of the scalp, in which the affection existed as two or three well-defined areas, the plaster was used with favorable results. The hair on and surrounding the diseased patch was removed by shaving, and the plaster applied. A renewal was made every week or ten days, the diseased stumps coming away with the old plaster. After six to eight weeks' treatment the disease seemed at an end, and the applications were discontinued; several months later, in two of the cases at least there had been no return, the third case failing to report.

A plaster of salicylic acid, ten to twenty per cent. was found of advantage in callosities. In one case in which both soles were involved to a marked degree, the condition was removed in a few weeks. The plaster remained adherent for a week without renewal. In certain cases of lupus the advantages of a fixed dressing are evident. In two suitable cases a pyrogallic acid plaster, twenty per cent., was applied, a renewal being made every third or fourth day. The result in these instances was equal to that obtained from the use of a pyrogallic acid ointment, without the additional trouble and uncleanliness of the salve applications.

The same may be said of the use of this plaster in the treatment of certain cases of epithelioma. In this disease, as well as in lupus, where the action of

the remedy is necessarily destructive, the plaster must be renewed at frequent intervals.

Without additional comment, the advantages of these plasters may be briefly expressed in the words cleanliness, simplicity, and saving of time and trouble. As already intimated, while their field of usefulness is at present somewhat restricted, it may be expected that as the various plasters are finally perfected and made to meet the requirements, their therapeutic application will be considerably broadened.

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